## POLICY REVIEW ATTACHMENT - INFLUENZA VACCINES

						CURRENT		PROPOSED	
TOS*	Procedure Code	Long Description	Age Range	Facility (F)/Non - Facility (N)	Modifier **	Current Medicaid Fee	Current Adjusted Fee	Proposed Medicaid Fee	Proposed Adjusted Fee
1	90660	***	19-20	F/N		\$20.60	\$20.19	\$22.10	\$22.10
S	90660	***	19-20	F/N	U1	\$20.60	\$20.19	Not a Benefit	Not a Benefit
S	90660	***	19-20	F/N		\$20.60	\$20.19	\$22.10	\$22.10
S	90660	***	21- 999	F/N		\$20.60	\$20.19	Not a Benefit	Not a Benefit
1	90672	***	0-18	F/N		Available through the Texas Vaccines for Children Program	Available through the Texas Vaccines for Children Program	Available through the Texas Vaccines for Children Program	Available through the Texas Vaccines for Children Program
1	90672	***	0-18	F/N	U1	\$17.45	\$17.45	\$22.50	\$22.50
1	90672	***	19-20	F/N		\$17.45	\$17.45	\$22.50	\$22.50
S	90672	***	0-18	F/N		Available through the Texas Vaccines for Children Program			
S	90672	***	0-18	F/N	U1	\$17.45	\$17.45	\$22.50	\$22.50
S	90672	***	19-20	F/N		\$17.45	\$17.45	\$22.50	\$22.50
S	90672	***	21- 999	F/N		\$17.45	\$17.45	Not a Benefit	Not a Benefit

*Type of Service (TOS)							
1	Medical Services						
S	THSteps						
**Modifier							
	Vaccine(s)/toxoid(s) privately purchased by provider when Texas Vaccines for						
U1	Children vaccine/toxoid is unavailable						

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